

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.
10519162
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
7			/	/		
8			/	/		
9			/	/		
10			/	/		
11			/	/		
12			/	/		
13			/	/		
14			/	/		
15			/	/		
16			/	/		
17			/	/		
18			/	/		
19			/	/		
20			/	/		
21			/	/		
22			/	/		
23			/	/		
24			/	/		
25			/	/		
26			/	/		
27			/	/		
28			/	/		
29			/	/		
30			/	/		
31			/	/		
32			/	/		
33			/	/		
34			/	/		
35			/	/		
36			/	/		
37			/	/		
38			/	/		
39			/	/		
40			/	/		
41			/	/		
42			/	/		
43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.			8			
TOTAL DEP.			24			
TOTAL CLAIMS			32			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
52												
53												
54												
55												
56												
57												
58												
59												
60												
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												